



Last Updated: 03/09/2022

Reimbursement Rates for Addiction and Recovery Treatment Services (ARTS) - Effective April 1, 2017

This memo notifies providers of reimbursement rates for Addiction and Recovery Treatment Services (ARTS). These changes are effective for dates of services on or after April 1, 2017. The March 1, 2017 Medicaid Memo summarizes the ARTS program design and benefit changes that will be posted in the new ARTS Provider Manual in detail on April 1, 2017.

Rates have increased for the following ARTS Community Based Care services: Substance Use Case Management, Substance Use Disorder (SUD) Intensive Outpatient, and SUD Partial Hospitalization. **New services** will be implemented effective April 1, 2017 under the ARTS benefit for the following: Medically Managed Intensive Inpatient Services for adults, SUD Residential Treatment and Group Home Services for adults and children, Comprehensive Medication Assisted Treatment (MAT) in Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) Providers, and Substance Use Care Coordination in OTPs and OBOTs. Presumptive and Definitive drug class screenings have been added as services for MAT for all settings. Rates for practitioner evaluation and management codes as well as outpatient psychotherapy services have not changed, and payment reflects provider education level.

New ARTS services and rates are shown in the table below:

Billing Code	Description	Unit	Rate
H0006	Substance Use Case Management	month	\$243
H0015 or H0015/rev0906	SUD Intensive Outpatient Services	1 day	\$250
S0201 or S0201/rev 0913	SUD Partial Hospitalization Services	1 day	\$500



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H0011/Revenue code 1002	Medically Managed Intensive Inpatient Services	1 day	Inpatient Psychiatric Per Diem (Some MCOS will pay DRG)
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Billing Code	Description	Unit	Rate
H2036 Revenue code 1002 Adult - use modifier HB Adolescent - use modifier HA	Medically monitored intensive inpatient services (Adult) Medically monitored high intensity inpatient services (Adolescent)	1 day	Psychiatric Units & Freestanding Psychiatric Hospitals = inpatient psychiatric per diem rate Residential Treatment Center Per Diem (Maximum \$393.50)
H0010 Revenue code 1002 Adult - use modifier HB Adolescent - use modifier HA	Clinically managed high-intensity residential services (Adult) Clinically managed medium-intensity residential services (Adolescent)	1 day	Residential Treatment Center Per Diem (Maximum \$393.50)
H0010 Revenue code 1002 Use modifier TG	Clinically managed population-specific high intensity residential services	1 day	Residential Treatment Center Per Diem (Maximum \$393.50)
H2034	Clinically managed low intensity residential services	1 day	\$175
H0014	OTP/OBOT Medication Assisted Treatment (MAT) day one induction - Physician	encounter	\$140



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<https://dmas.virginia.gov>

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H0004*	OTP/OBOT Opioid Treatment - Individual Counseling	15 minutes	\$24.00
H0005*	OTP/OBOT Opioid Treatment - Group counseling and family therapy	15 minutes	\$7.25
G9012	OTP/OBOT Substance Use Care Coordination	month	\$243
H0020	OTP Medication Administration	encounter	\$8.00
80305-80307	MAT Presumptive drug class screening	CPT values	See DMAS fee schedule
G0480-G0483	MAT Definitive Drug Classes	HCPCS values	Rates as of 4/1/17: G0480-\$79.74 G0481-\$122.99 G0482-\$166.03 G0483-\$215.23

Billing Code	Description	Unit	Rate
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S0109	J0571	OTP Medication	HCPCS	S0109 Methadone oral 5
J0572	J0573	(administered	values	mg \$0.26/5 mg
J0574		in clinic)		J0571 Buprenorphine,
J0575	J2315			oral, 1 mg
				\$1.00/unit
				J0572
				Buprenorphine/naloxone
				oral
				<=3 mg
				\$4.34/unit
				J0573
				Buprenorphine/naloxone
				oral
				>=3 mg but <= 6 mg
				\$7.76/ unit
				J0574
				Buprenorphine/naloxone
				oral
				>=6 mg but <=10 mg
				\$7.76/unit
				J0575
				Buprenorphine/naloxone
				oral
				>10 mg
				\$15.52/unit
				J2315 Naltrexone
				Injection, depot form, 1
				mg \$3.25/unit

*Reimbursed without regard to education level

The ARTS Provider Manual along with the ARTS reimbursement structure provide detail on care settings, billing codes, ASAM Level, units, rates, and authorization requirements. The draft version of the ARTS Provider Manual will be available the week of March 6, 2017 on the Virginia Regulatory Town Hall General Notices at <http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=680>.

The ARTS reimbursement structure is available from: http://www.dmas.virginia.gov/Content_atchs/bh/ARTS%20Reimbursement%20Structure%2002132017.p df. In addition, rates for ARTS services can be downloaded from the DMAS Provider Reimbursement web page, Procedure Fee Files and CPT Codes: http://www.dmas.virginia.gov/Content_pgs/pr- ffs_new.aspx.

ADDITIONAL INFORMATION ON ARTS SERVICES:

http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx



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MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanoofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for- service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:



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- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)



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Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.